

FOR BOARD AND OFFICE USE ONLY

Date Issued: _____

License Number: _____

KENTUCKY BOARD OF LICENSURE FOR OCCUPATIONAL THERAPY
P.O. BOX 1360
FRANKFORT, KY 40602
<http://bot.ky.gov>

APPLICATION FOR LICENSURE AS AN OCCUPATIONAL THERAPIST

*A non-refundable application fee of \$50 (fifty dollars) must be attached to this form.
Please make check or money order payable to the Kentucky State Treasurer. DO NOT SEND
CASH.*

Please mail the completed application and the application fee to the address above.

☐ **Temporary**

Comments

1.	Application Fee	<input type="checkbox"/>	
2.	Evidence of completion of educational requirements and / or fieldwork (transcript / FEW)	<input type="checkbox"/>	
3.	Letter of Supervision form stating:	<input type="checkbox"/>	
	A. Willing to Provide Supervision	<input type="checkbox"/>	
	B. Responsible for applicant's activities	<input type="checkbox"/>	
4.	Proof of permission to work in the US (non-citizen)	<input type="checkbox"/>	
5.	Confirmation of Eligibility letter (NBCOT)	<input type="checkbox"/>	

☐ **Full Licensure**

1.	Application Fee	<input type="checkbox"/>	
2.	Certified copy of college transcript	<input type="checkbox"/>	
3.	Copy of large NBCOT certificate or score report	<input type="checkbox"/>	
4.	Permission to work in the US (non-citizen)	<input type="checkbox"/>	

☐ **Licensed in another state**

1.	Application Fee	<input type="checkbox"/>	
2.	Copy of current or initial large NBCOT certificate or score report	<input type="checkbox"/>	
3.	Completion of state(s) verification form(s)	<input type="checkbox"/>	
4.	Permission to work in the US (non-citizen)	<input type="checkbox"/>	

If seeking temporary permit prior to full licensure, please check here: ☐

I understand that passing the NBCOT exam does not constitute a license to practice Occupational Therapy. I must inform KBLOT and demonstrate proof of passing the NBCOT exam. I am not licensed in Kentucky until notified by KBLOT. ☐

201 KAR 28:180 Section 4

1.

FACILITY	CITY, STATE	DATES OF EMPLOYMENT	POSITION	PHONE #
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PROPOSED: _____

PRESENT: _____

PAST: _____

If additional space is needed, please attach a separate sheet containing that information.

APPLICANT'S AFFIDAVIT
I, the applicant in the above, do hereby certify under penalty of law that the information contained herein is true, correct, and complete to the best of my knowledge and belief. I am aware that, should investigation at any time disclose any such misrepresentation or falsification, my application could be rejected or my license revoked by the Kentucky Board of Licensure for Occupational Therapy.
DATE _____ APPLICANT'S SIGNATURE _____